

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: LEWIS M. NASHNER

Application No./Patent No.: U.S. Pat. No. RE40427 Filed/Issue Date: 07/08/2008

Entitled: APPARATUS AND METHOD FOR MOVEMENT COORDINATION ANALYSIS

Natus Medical Incorporated, a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or  
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy therefore is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: NASHNER, LEWIS M. To: NEUROCOM INTERNATIONAL, INC.

The document was recorded in the United States Patent and Trademark Office at  
Reel 021450, Frame 0746, or for which a copy thereof is attached.

2. From: NEUROCOM INTERNATIONAL, INC. To: NATUS MEDICAL INCORPORATED

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3. From: \_\_\_\_\_ To: \_\_\_\_\_

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

/D. Christopher Chung MD/  
\_\_\_\_\_  
Signature

2/4/2009  
\_\_\_\_\_  
Date

Dr. D. Christopher Chung M.D.  
\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Telephone Number

Vice President of Medical Affairs, R&D & Engineering  
\_\_\_\_\_  
Title

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The information provided by you in this form will be subject to the following routine uses:

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